DOCUMENT RESUME

ED 157 354 EC 111 871

AUTHOR Ribes, Emilio
TITLE Prevention of Developmental Retardation in Poor Countries.
PUB DATE Jun 78
NOTE 10p.; Paper presented at the World Congress on Future Special Education (First, Stirling, Scotland, June 25 - July 1, 1978)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Developing Nations; *Developmental Disabilities; *Mentally Handicapped; *Prevention; *Social Factors

ABSTRACT

The paper analyzes developmental retardation in relation to social factors, such as malnutrition, unemployment, illiteracy, and health services in poor countries. It is reported that present institutional strategies seem unable to cope with prevention of retardation. An alternative approach based on changing community patterns is proposed. (Author/SBH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

PREVENTION OF DEVELOPMENTAL RETARDATION IN POOR COUNTRIES

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

C.E.C.

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

Emilio Ribes

University of Mexico at Iztacala

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

"THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY"

ED157354

Social conditions interact in subtle and complex ways to bring about development retardation. This concept - (Bijou, 1963) defines retardation in terms of the deacceleration of individual development compared to the normative - criteria of the social group. Retardation represents a difference in developmental rate and in generality of functionally relevant behavior repertories. Development retardation is a problem with multiple causation: social behavioral and biological factors interact, and their specific roles have to be determined in each concrete case. Nevertheless biological - and behavioral factors are always socially dependent and - - their very occurrence is determined by concrete social conditions, namely, nutritional possibilities, income, health services, etc.

In the case of poor countries, the prominence of - social causation becomes more outstanding. It is our purpose to analyze alternative strategies to cope with the prevention of developmental retardation, taking Mexico, one of the three largest and highly developed countries of Latin America (except ing Cuba), as the departure point.

EC111871

Emilio Ribes
Professor, Psychology
ENEP - Iztacala
National University of Mexico
Mexico, DF
MEXICO

Some relevant social figures[2]

According to 1963 figures, in Mexico there were - 300 retarded people per 10,000 inhabitants, that is, a proportion equivalent to 3 percent of the total population. Presently, Mexico has a population of 65 million, so the total of retarded people might be calculated as almost two million people. These figures do not cover cases associated physical and sensory handicapness (blindness, deafness, motor deficits, etc), - which include about 1.6% of the population, that is, an additional million people. If learning difficulties are taken into account the overall rate might ascend to 12% of the population, with 350 000 cases alone registered in the metropolitan area of Mexico City. Along with this, there were an estimated 400, 000 people with psychiatric problems, population requiring in some extent special educational attention.

Reduced income, malnutrition, low education levels - and deficient health services are social factors that enter into the determination of the above mentioned figures. In Mexico - only percent of the overall population participates in the economic process, with figures that range from 25 to 40 percent - of unemployment or underemployment. In 1970, only a 0.83% of - the population had a monthly income superior to 800 dollars, -

with 40.13% with incomes lower that 40 dollars a month. This margination is based on nutritional, health and educational - factors that are related to the causation of developmental re tardation. For instance, mortaly rates due to perinatal factors in children under one year was of one percent with and - overall rate of 6.2 percent mortality (1972) in this age range.

Nutritional indexes are not encouraging. In rural areas 46.4% of the population betwen 1 and 4 years suffer first degree malnutrition, 27.5% second degree malnutrition and 3.4% third degree malnutrition. In urban areas 44.1% suffer first degree malnutrition, 14.8% second degree malnutrition, and 1.3% third degree malnutrition. According to 1970 figures 23% percent of the population did not eat wheat bread, 20% did not eat meat, a 23% eggs and a 38% milk. These data are quite impressive in spite of the significant improvement in health services that - represent. A decreased children mortality rate from 12.57% in 1940 to 5.24% in 1973. Equally important is the probable life span increasing from 27.6 years in 1910, to 39 years in 1940 - and to 63 years in 1973.

Education is also fundamental factor in development and therefore in retardation when social condition deprive individuals, especially children and youngsters, of opportunities. Illiteracy rates were the following in 1975. The illiterate -

population above age six was of 13,000,000, which represents - 21% of the total population. From this figure 5,150,000 were under the age of 14. There were 12,000,000 adults, over fifteen, with incomplete elementary education of which a large degree - are functional illiterates. The average educational level of the population above six is about three grades of elementary - school. Only 58% of the population betwen 6 to 14 years attended elementary school in 1970. From this population only 42% concluded elementary education (with a drop of 29% from first to second grade), 32% of this population reached secondary education and only 17% pre-university studies. Finally, only 1.76% of the population betwen 11 and 29 years attended College and University.

These figures are descriptive of social conditions contributing to developmental retardation. It becomes evident that with improvement in educational, nutritional, health-care and income conditions, rates of retardation should go down, as can be concluded in comparing figures from poor and wealthy - countries. It is important to emphasize, nevertheless, that - Mexico is a middle-stage country and does not represent the - lowest degree in poverty. The question is, how are we going - to attack developmental retardation in poor countries? Which are the alternatives?

Alternative Strategies in the Prevention of Developmental Retardation

Traditionally, and borrowed from wealthy industrialized countries, prevention means early detection and treatment of retardation in the context of educational and health-care institutions. Prevention efforts are concentrated in the hands of highly specialized personnel (teachers, physicians, psychologists and nurses) and extended to para-professionals and non-professionals, mainly the relatives of the retarded, which in most of the case are literate people with a reasonable living standard.

In poor countries, however, it seems that no serious effort to prevent retardation can be taken without changing the basic social structures that are causally related to deficient biological dotation and empoverished environments. Since this does not seem to be happening, at least presently, some other alternatives should be provided.

The institutional alternatives seems to be precluded. In Mexico there are 35 institutions to treat retardation, including public and private institutions. None of them are able to cope with more than 100 retarded individuals, so the overall amount to be treated in this way would be lower than the one

percent of the cases in Mexico City, alone. Psychiatric care is limited to 6000 patients, so no significant population can be included from a medical perspective. Prevention could also be implemented through the school system, but it seems obvious that due to its incapacity to deal with normal population, the school system becomes more a contributor to retardation than - an ameliorative factor. Families could be, as an extension - of institutions, the instrument to resort to in order to prevent and rehabilitate retardation. However, little might be expected from adults that themselves could be characterized - with some social or biological deficit functionally relevant to retardation. Institutions do not seem to be the best - - strategy for coping with retardation in poor countries. They are too expensive to build and run for them to possibly - - handle the population needing their assistance, and their programs would be difficult to extend to a potentially helping population. What to do then?

Solutions should be provided from a community perspective, but without isolating the problem of retardation - per se. On the contrary, it should be included in an extensive program covering fundamental social needs and interactions. The prevention of retardation should be seen as a - consequence of changes in social practices and hence, of restricted changes in social life and structure. Therefore efforts

should be directed first to changing nutritional practices, - child rearing, alcoholism rates, sexual and parturition patterns, health practices, community educational interests and potentials, production and consumption patterns, social awareness and many - others aspects of community life. In this manner, it is feasible to think in the possibility of every community functioning as the basic social cell preventing developmental retardation in its - multiple facets. Communities can take charge of rehabilitation centres run by the community members themselves, as part of their increased participation in changing uneven social conditions. - This has to be accompanied by the involvement of professionals - and scientistis related with the problem, in order to sistematize these new social practices and derive the necessary technical - skills and evaluation procedures. Otherwise, our role in regard to developmental retardation will be just to remain one step behind the problem. The challenge is great but worthwhile trying.

REFERENCES

Bijou, S. W. Theory and Research in Mental Retardation. The Psychological Record, 1963, 13, 95-110.

FOOTNOTES

1 Paper presented at the World Congress on Future Special Education. Stirling Scotland, June 1978.

2 Figures were obtained from The National Health Plan, Secretaria de Salubridad y Asistencia, México, 1974.